

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

HAND DELIVERED

Name: DINA TITUS

Daytime Telephone: 702-387-4944

2009 NOV -3 PM 2:51

U.S. HOUSE OF REPRESENTATIVES

| | | |
|---|--|---|
| Filer Status <input checked="" type="checkbox"/> Member of the U.S. House of Representatives <input type="checkbox"/> Officer or Employee | State: <u>NEVADA</u> District: <u>03</u> | Employing Office: <input type="checkbox"/> Termination Date: |
| Report Type <input type="checkbox"/> Annual (May 15) <input checked="" type="checkbox"/> Amendment | A \$200 penalty shall be assessed against anyone who files more than 30 days late. | |

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|--|---|--|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

For payments to charity in lieu of honoraria, use Schedule II.

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For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name **DNA TITUS**

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| BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset | | | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction | |
|---------------------------------------|---------------------------------------|---------------|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|---------------------------|----------------------------|-----------------------------|-------------------|------|------------------------------|------|----------|---------------|----------------------|-----------------------------------|-----------------------------|-------------|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|---------------------------|------------------|------------------------|--|
| | A | B | C | D | E | F | G | H | I | J | K | L | NONE | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | Other Type of Income (Specify) | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | | |
| | None | \$1 - \$1,000 | \$1,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$250,000 | \$250,001 - \$500,000 | \$500,001 - \$1,000,000 | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$25,000,000 | \$25,000,001 - \$50,000,000 | Over \$50,000,000 | | | | | | | | None | \$1 - \$200 | \$201 - \$1,000 | \$1,001 - \$2,500 | \$2,501 - \$5,000 | \$5,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$1,000,000 | \$1,000,001 - \$5,000,000 | Over \$5,000,000 | | |
| SP DC, JT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | P S E | |
| AMER NEW LIFE INS | | | | | X | | | | | | | | | | | | X | | ANNUITY | | | | | | | | | | | | | |
| SP AMER NEW LIFE INS | | | | | | X | | | | | | | | | | | X | | ANNUITY | | | | | | | | | | | | | |
| SP MERIT ENERGY | | | | | | | | | | | | | | | | | | | ROYALTIES | | | | | | | | | | | | | |
| SP TMT ENERGY | | | | | | | | | | | | | | | | | | | ROYALTIES | | | | | | | | | | | | | |
| SP KAISER FRANCIS | | | | | X | | | | | | | | | | | | | | ROYALTIES | | | | | | | | | | | | | |
| SMITH BARNEY IRA: | | | | | | | | | | | | | | | | | | | ROYALTIES | | | | | | | | | | | | | |
| (MONEY FUND | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| (BANK DEP. PROG. | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| (MCS INTERMED. INCM. | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| FRANKLIN U.S. GOV. SEC | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| SP SMITH BARNEY IRA: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (MONEY FUND | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| (BANK DEP. PROG. | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| (MCS INTERMED. INCM. | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| FRANKLIN U.S. GOV. SEC | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| SP REUTHER TIAL | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| SP REUTHER TIAL | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| JT SMITH BARNEY RES. ACCT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODEL FUND | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| CERT OF DEPOSIT | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | |
| MUTUAL FUNDS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Asset and/or Income Source | | Year-End Value of Asset | | | | | | | | | | | | | Type of Income | | | | | | | Amount of Income | | | | | | | | | | | Transaction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | A | B | C | D | E | F | G | H | I | J | K | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Continuation Sheet (if needed)

DWA TITUS

3

[illegible]

This page may be copied if more space is required.

SCHEDULE IV—TRANSACTIONS

Name

DINA TITUS

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. | | Type of Transaction | | | Date (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable | Amount of Transaction | | | | | | | | | | |
|---|---|---------------------|------|----------|---|-----------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|---------------------------|----------------------------|-----------------------------|---------------------|--|
| | | PURCHASE | SALE | EXCHANGE | | B \$1,001-\$15,000 | C \$15,001-\$50,000 | D \$50,001-\$100,000 | E \$100,001-\$250,000 | F \$250,001-\$500,000 | G \$500,001-\$1,000,000 | H \$1,000,001-\$5,000,000 | I \$5,000,001-\$25,000,000 | J \$25,000,001-\$50,000,000 | K Over \$50,000,000 | |
| SP, DC, JT | Asset | | | | 10-12-08 | | | | | | | | | | | |
| SP | Example: Mega Coporation Common Stock (partial sale) | | X | | | | X | | | | | | | | | |
| JT | UTS-ETF STRATEGIC * | | X | | 8-05-08 | | X | | | | | | | | | |
| JT | HOUSE: 3394 BROOKFIELD DR ** LAS VEGAS, NV 89120 | X | | | 4-22-08 | | | | | X | | | | | | |
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| * | PURCHASED 12-07-06; INADVERTENTLY OBTAINED FROM CANDIDATE DISCLOSURE FORM | | | | | | | | | | | | | | | |
| ** | HOME FOR MY MOTHER TO LIVE IN | | | | | | | | | | | | | | | |
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SCHEDULE VIII--POSITIONS

Name

DINA TITUS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

| Position | Name of Organization |
|----------------------|--|
| UNCOMPENSATED MEMBER | CA-NV SUPER SPEED TRAIL COMMISSION |
| UNCOMPENSATED MEMBER | NV TEST SITE HISTORICAL FOUNDATION BOARD |
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SCHEDULE IX--AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|----------|----------------------------------|--|
| 12-18-08 | UNIVERSITY OF NEVADA - LAS VEGAS | TWO YEAR LEAVE OF ABSENCE WITHOUT PAY OR BENEFITS BEGINNING JAN 09 |
| 1-01-08 | UNIVERSITY OF NEVADA PRESS | PUBLISHING RETIREMENT |
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